

APPLICATION DATA SHEET

Application Information

Application number:: 09/865,589
Filing Date:: 052901
Application Type:: Regular
Subject Matter:: Utility
Suggested Classification::
Suggested Group Art Unit:: 1722
CD-ROM or CD-R?:: None
Number of CD disks:: None
Number of copies of CDs:: None
Sequence submission::
Computer Readable Form (CRF):: No
Number of copies of CRF:: None
Title:: APPARATUS FOR FORMING PATTERN ONTO
ARTICLE DURING INJECTION MOLDING
Attorney Docket Number:: DAIN:312D
Request for Early Publication:: No
Request for Non-Publication:: No
Suggested Drawing Figure:: 1
Total Drawing Sheets:: 23
Small Entity:: No
Latin Name::
Variety denomination name::
Petition included:: No
Petition Type:: None

Initial 06/10/03

Licensed US Govt. Agency:: None
Contract or Grant Numbers:: None
Secrecy Order in Parent Appln.?:: No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship
Country:: Japanese
Status:: Full Capacity

Given Name:: Shinpei
Middle Name::
Family Name:: Oono
Name Suffix::
City of Residence:: Shinjuku-Ku
State or Province of Residence:: Tokyo-To
Country of Residence:: Japan
Street of mailing address:: c/o Dai Nippon Printing Co., Ltd., Ichigaya-Kaga-Cho 1-Chome
City of mailing address:: Shinjuku-Ku
State or Province of mailing address:: Tokyo-To
Country of mailing address:: Japan
Postal or Zip Code of mailing address::

Given Name:: Kazushi
Middle Name::
Family Name:: Miyazawa
Name Suffix::
City of Residence:: Shinjuku-Ku
State or Province of Residence:: Tokyo-To
Country of Residence:: Japan
Street of mailing address:: c/o Dai Nippon Printing Co., Ltd.
City of mailing address:: Shinjuku-Ku
State or Province of mailing address:: Tokyo-To
Country of mailing address:: Japan
Postal or Zip Code of mailing address::

Given Name:: Keiji
Middle Name::
Family Name:: Hanamoto
Name Suffix::
City of Residence:: Shinjuku-Ku
State or Province of Residence:: Tokyo-To
Country of Residence:: Japan
Street of mailing address:: c/o Dai Nippon Printing Co., Ltd., Ichigaya-Kaga-Cho 1-Chome
City of mailing address:: Shinjuku-Ku
State or Province of mailing address:: Tokyo-To
Country of mailing address:: Japan
Postal or Zip Code of mailing address::

Given Name:: Takashi
Middle Name::
Family Name:: Tarutani
Name Suffix::
City of Residence:: Shinjuku-Ku
State or Province of Residence:: Tokyo-To
Country of Residence:: Japan
Street of mailing address:: c/o Dai Nippon Printing Co., Ltd.
City of mailing address:: Shinjuku-Ku
State or Province of mailing address:: Tokyo-To
Country of mailing address:: Japan
Postal or Zip Code of mailing address::

Given Name:: Takashi
Middle Name::
Family Name:: Matano
Name Suffix::
City of Residence:: Shinjuku-Ku
State or Province of Residence:: Tokyo-To
Country of Residence:: Japan
Street of mailing address:: c/o Dai Nippon Printing Co., Ltd., Ichigaya-Kaga-Cho 1-Chome
City of mailing address:: Shinjuku-Ku
State or Province of mailing address:: Tokyo-To
Country of mailing address:: Japan
Postal or Zip Code of mailing address::

Given Name:: Kazuhisa
Middle Name::
Family Name:: Kobayashi
Name Suffix::
City of Residence:: Shinjuku-Ku
State or Province of Residence:: Tokyo-To
Country of Residence:: Japan
Street of mailing address:: c/o Dai Nippon Printing Co., Ltd.
City of mailing address:: Shinjuku-Ku
State or Province of mailing address:: Tokyo-To
Country of mailing address:: Japan
Postal or Zip Code of mailing address::

Given Name:: **Hiroyuki**
Middle Name::
Family Name:: **Atake**
Name Suffix::
City of Residence:: **Shinjuku-Ku**
State or Province of
Residence:: **Tokyo-To**
Country of Residence:: **Japan**
Street of mailing address:: **c/o Dai Nippon Printing Co., Ltd.,
Ichigaya-Kaga-Cho 1-Chome**
City of mailing address:: **Shinjuku-Ku**
State or Province of
mailing address:: **Tokyo-To**
Country of mailing address:: **Japan**
Postal or Zip Code of
mailing address::

Correspondence Information

Correspondence Customer Number:: 6160

Representative Information

Representative Customer Number:: 6160

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::
Japan	86870/1994	04/25/94	Yes

Assignee Information

Assignee name:: Dai Nippon Printing Co., Ltd.
Street of mailing address:: 1-1, Ichigaya-Kaga-Cho 1-Chome
City of mailing address:: Shinjuku-Ku
State or Province of mailing address:: Tokyo-To
Country of mailing address:: Japan
Postal or Zip Code of mailing address::